

Pat Broker

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549802

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5		3				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		1				
15		2				
16	1					
17		2				
18		2				
19		2				
20	1					
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TOTAL IND.	4					
TOTAL DEP.		30				
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						